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Practitioner's Docket No. 47,964 (70904)

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PATENT
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: M. Yamahara, et al.

Application No.: 08/997,219

Group No.: 2871

Filed: 12/23/1997

Examiner: Parker, K.

For: LIQUID CRYSTAL DISPLAY DEVICE INCLUDING A PHASE DIFFERENCE PLATE FOR IMPROVING VIEWING ANGLE DEPENDENCE (AS AMENDED)

Assistant Commissioner for Patents
Washington, D.C. 20231

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AMENDMENT TRANSMITTAL

1. Transmitted herewith is an Amendment for this application.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

- ☒ deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

FACSIMILE

transmitted by facsimile to the Patent and Trademark Office.

Date: August 16, 2002

Signature

David A. Tucker
David A. Tucker
(type or print name of person certifying)

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col.1)		(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	21	Minus	47	= 0	x \$18 =	\$0
Indep.	4	Minus	6	= 0	x \$80 =	\$0.
First Presentation of Multiple Dependent Claim					+ \$0 =	\$0
					Total	0
					Addit. Fee	\$0

- * If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,
 ** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
 *** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
 The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

5. No additional fee for claims is required

FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Account No. 04-1105.
 If any additional fee for claims is required, charge Account No. 04-1105.

Customer No.: 21874

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